

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566430

FILING DATE  
JUN 28 2006

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT				AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	/						TOTAL IND.				
TOTAL DEP.	15	←		←	←		TOTAL DEP.				
TOTAL CLAIMS	16						TOTAL CLAIMS				